

NEW YORK STATE DEPARTMENT OF HEALTH
INFLUENZA/PNEUMOCOCCAL IMMUNIZATION DATA REPORT,
APRIL 1,_____ TO MARCH 31,_____

Facility or program name
on Operating Certificate: _____

If nursing home or adult day health care program:

PFI number: |_|_|_|_|

Operating Certificate number: |_|_|_|_|_|_|_|_|_|

If adult home or enriched housing program:

Operating Certificate number: |_|_|_|_|-|-|-|_|_|_|_|

Are you an adult day health care program? Yes: |_| No: |_|

Address: _____

County: _____

Contact person: _____

Job title: _____

Telephone number: _____ FAX number: _____

E-mail address: _____

Influenza Immunization Data

	Residents/Registrants	Employees
Total number during influenza vaccination season (September 1 – March 31)		
Number who received influenza vaccine* (September 1 – March 31)		
Number who did not receive influenza vaccine (September 1 – March 31)		

Pneumococcal Immunization Data

	Residents/Registrants
Total number during entire reporting period (April 1 – March 31)	
Number identified as recommended to receive pneumococcal vaccine (refer to NYSDOH website at http://www.health.state.ny.us/nysdoh/infection/ltc_act/recommend.htm for categories of persons recommended to receive pneumococcal vaccine)	
Of those residents/registrants for whom vaccination is recommended:	
Number who received the vaccine prior to the current reporting period*	
Number who received the vaccine during the current reporting period*	
Number who have never received the vaccine	

* Include those who received vaccine at other locations, e.g., private physician's office, clinic, etc.

Please complete this form by May 1 each year and mail to the following address:

New York State Department of Health
Statistical Unit
Empire State Plaza
Corning Tower, Room 1143
Albany, NY 12237